



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last) Tsujimura	(First) Rick	(Middle)	TELEPHONE 521-9500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17 th Floor			FAX 541-9050
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) N/A			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ho'okoko'o Corporation	TELEPHONE 548-2100	
MAILING ADDRESS (Street) P.O. Box 37755	FAX 548-2102	
(City) Honolulu	(State) Hawaii	(Zip Code) 96837
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Lynn Fallin		548-2105
MAILING ADDRESS (Street) P.O. Box 37755		FAX 548-2102
(City) Honolulu	(State) Hawaii	(Zip Code) 96837

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date) 2/14/06

PART V AUTHORIZATION TO LOBBY

NAME Lynn Fallin	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director
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NAME OF ORGANIZATION (if applicable) Ho'okoko'o Corporation	TELEPHONE 548-2105
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MAILING ADDRESS (Street) P.O. Box 37755	FAX 548-2102
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(City) Honolulu	(State) Hawaii	(Zip Code) 96837
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I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

2-15-06

(Date)